



Kansas Department of Labor

401 SW Topeka Blvd., Topeka, KS 66603-3182
www.dol.ks.gov • Telephone - 785-296-5027 • Fax - 785-291-3425

STATUS REPORT

Unemployment Insurance Liability Determination

FOR KDOL USE

ACCOUNT NUMBER		BASIS LIA	LIA EFFECTIVE	
ESTAB DATE	TYPE OWN	NAICS		SIC
CNTY	LMIS	QTR PRINT REQUEST		
L&L	LIQ	PARTIAL	ELEC TRAN	MAN TRAN
EXAM UNIT			DELNQT ACCNT UNIT	

- When did you first pay wages IN KANSAS? MM-DD-YYYY _____
- Your nine digit FEDERAL Employer's Identification Number (FEIN, TIN) _____
- To help us assign a more accurate unemployment tax rate and NAICS classification, describe, **with some detail** your MAJOR KANSAS business activity, product or service that generates the most revenue. Please include your Internet home page address: _____
- Are you an employee leasing company, PEO, or client? No Yes If Yes, indicate PEO, or Client
- Are you a part of a larger organization primarily providing support services to other units of the larger organization? No Yes If Yes, indicate
 Headquarters – i.e., corporate, regional management offices Storage – i.e., warehouse, distribution center
 Administrative – other than headquarters Research – i.e., R&D lab, etc.
 Other – specify, i.e., security office, maintenance, etc. _____
- Corporate name: _____
- Business or trade name: _____
IF DIFFERENT THAN CORPORATE NAME
- Mailing address: _____
STREET ADDRESS AND/OR PO BOX AREA CODE TELEPHONE

CITY STATE ZIP PLUS 4
- KANSAS business location: Storefront/Physical Location Job/Construction Site Employee's Residence

STREET ADDRESS (DO NOT USE PO BOX) CITY STATE ZIP + 4 AREA CODE TELEPHONE
- Company or In-house payroll contact: _____
NAME AREA CODE TELEPHONE
E-mail address: _____
USER_NAME@DOMAIN.COM Fax: AREA CODE TELEPHONE
Off-site payroll contact: _____
NAME AREA CODE TELEPHONE

SERVICE BUREAU/COMPANY ADDRESS
- Type of Individual Corporation Limited Liability Company Government 501(c)(3)
Ownership: Partnership Limited Partnership Limited Liability Partnership Other – specify _____
- Owners – Partners (general & limited) – Corporate Officers – Member/Managers – etc. Use **LEGAL** names. Do **NOT** use nicknames.

Social Security No.	First Name - Middle Initial - Last Name	Title	Date of Birth	Residence Address

13. Log your KANSAS wages by quarter in the current and preceding year.

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter

14. Log the size of your KANSAS workforce by week in the current and preceding year.

Year	January				February				March				April				May				June							
Year	July				August				September				October				November				December							

15. a. Did you acquire ALL or PART of an existing business? Yes No
 b. If Yes, the date acquired. MM-DD-YYYY All Part
 c. Has the previous owner continued in business in **KANSAS**? Yes No
 d. Do you want the previous owner's experience rating factors? Yes No
- e. Name of previous owner: _____ f. Previous account number: _____
- g. Previous trade name: _____ h. Previous owner's current phone number: _____
AREA CODE TELEPHONE
- i. Previous owner's current address: _____
STREET CITY STATE ZIP

KSA 44-710a(b)(2) allows a successor defined in KSA 44-703(h)(4) and KSA 44-703(dd), the choice to acquire the experience ratings factors of the predecessor employer. The request for transfer must be made in writing within 120 days of the acquisition. The experience rating factors are all of the unemployment taxes paid, annual payrolls and benefit charges of the predecessor employer. These factors are used to compute your unemployment tax rate for subsequent years. Alternately, successor employers may elect to be assigned their industry tax rate.

16. For the last three years, list the multiple business locations you have operated in **KANSAS**. Or indicate no multiple locations

Trade Name and Address	Date Opened	Date Closed	Number of Employees	Business Activity

17. If no liability is indicated, do you want to elect to extend unemployment insurance coverage to your employees? Yes No
 Beginning January 1 of the current year or at the commencement of employment and continuing for not less than two calendar years, on behalf of the employing unit, I voluntarily elect to:
 Become an employer described in KSA 44-703(h), the same as other employers since no mandatory coverage is indicated.
 Extend coverage to all workers performing services that are excluded from coverage by the employment security law.

18. Are you subject to the federal unemployment tax act, FUTA? Yes No
 _____ YYYY (current year) Yes No
 _____ YYYY (preceding year) Yes No

19. Are you continuing to pay wages IN KANSAS? Yes No

20. Do you have individuals performing services who you believe are not employees? Yes No

If yes, explain. Attach additional pages if necessary.

21. I certify that the information I have provided on this report is complete, correct and true to the best of my knowledge and belief.

 Signature of owner, partner, member/manager, corporate officer, etc.

 Title - owner, m/m, president, partner, etc.

 Signed MM-DD-YYYY

The information requested in this report is required to be provided by KSA 44-714(f) and KAR 50-2-5. It will be used only by public officials in the performance of their public duties. Section 6103(d) of the Internal Revenue Code authorizes IRS to exchange information with us for audits and certification.

SEND COMPLETED REPORT TO: Liability Determinations
 Kansas Department of Labor
 401 SW Topeka Blvd.
 Topeka, Kansas 66603-3182

Completing the Status Report, K-CNS 010

- 1 Tell us the first date **KANSAS** wages were paid.
- 2 Nine digit federal employer's identification number issued by IRS, used on your federal 941 and 940 reports.
- 3 Describe **fully** your MAJOR business activity in KANSAS. Indicate your Internet home page address.
- 4 Tell us if you are an employee leasing company, PEO, or a client of an employee leasing company.
- 5 Tell us if this establishment provides support services for other units of this or a parent company. Describe what type of services are provided.
- 6 Tell us the name of your corporation.
- 7 Tell us the name of your business if it is different than your corporate name, or if you are not a corporation.
- 8 Your mailing address and daytime, voice telephone number.
- 9 Tell us where in **KANSAS** your business is located. This may be the street address of your storefront or office, the job or construction site your workers report to, or home address of your sales or service representative. Do **NOT** use a PO Box number. Tell us your daytime, voice telephone number at this location.
- 10 Who to contact, their daytime, email address, fax and voice telephone number and the location of your accounting records.
- 11 the appropriate type of ownership of your business. If not listed, OTHER and explain the ownership.
- 12 Tell us the legal names of the officers, partners, member/managers, or owners of this business. Include their social security numbers, dates of birth and home addresses.
- 13 Tell us your KANSAS wages, by quarter, that were paid in the current and preceding calendar year.
- 14 Tell us, in the current and preceding calendar year, by week, the number of people performing a service for you in KANSAS.
- 15 Are you operating a business that was once operated by someone else? Tell us the date the business was acquired and
 - c Is the previous owner currently operating a business in KANSAS?
 - d You may have the option to receive the previous owner's tax rate and experience rating factors, including any unemployment claim charges. Tell us if you want to have these factors transferred to your new account. The factors are required to be transferred whenever the predecessor and successor are controlled by the same interests. For example, if a sole proprietor incorporates, the transfer of the experience rating factors is mandatory.
 - e The name of the previous owner.
 - f The Kansas unemployment tax account number of the previous employer.
 - g The trade or business name of the previous entity.
 - h The current daytime telephone number where we may call the previous owner.
 - i The previous owner's current mailing address.
- 16 Tell us each business location you have in Kansas if you have more than one. List each location separately.
- 17 You may elect to extend unemployment insurance coverage to your workers if we determine coverage is not required by statute. You may also elect coverage for workers who are not defined by the statute as employees.
- 18 Tell us when your business began to pay federal unemployment taxes, FUTA.
- 19 Tell us if your business is continuing to pay wages in Kansas.
- 20 Tell us which workers you believe are not employees. Explain with some detail why you consider them as something other than employees. Use as many additional sheets as required.
- 21 Sign and return the completed report to:
LIABILITY DETERMINATIONS
KS DEPT OF LABOR
401 SW TOPEKA BLVD
TOPEKA, KS 66603-3182